07/03/2012 15:17

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual Organization or Corporation Patriot Majority USA (b) Address (number and street)	IO DE C	Jacu by re190118	(Uniti man Pu	illicai committees) i	noluuliig Qualiileu	Monthionir corb	uraliuris	
P.O. Box 35522 (c) City, State and ZiP Code Washington DC 20033 2. Corporate fillers only Is the filer a qualified nonprofit corporation?				orporation				
Washington DC 20033 C Corporate filers only Is the filer a qualified nonprofit corporation? Yes No Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report 48-Hour Report b) Is this Report an amendment? Yes No 5. COVERING PERIOD: FROM 04 01 2012 THROUGH 06 30 2012 6. TOTAL CONTRIBUTIONS			d street)	heck if different than prev	viously reported			
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes No Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report October 15 Quarterly Report January 31 Year-End Report 48-Hour Report b) Is this Report an amendment? Yes No S. COVERING PERIOD: FROM 04 Of 1 2012 THROUGH 5. COVERING PERIOD: FROM 04 Of 2012 THROUGH 6. TOTAL CONTRIBUTIONS 977820.65 Under penalty of perguy Lentify that the independent expenditures reported therein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of any cardidate or authorized committee or	(c)	City, State and ZIP C	ode				3. FEC Ide	ntification Number
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes No Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report October 15 Quarterly Report January 31 Year-End Report 48-Hour Report b) Is this Report an amendment? Yes No S. COVERING PERIOD: FROM 04 Of 1 2012 THROUGH 5. COVERING PERIOD: FROM 04 Of 2012 THROUGH 6. TOTAL CONTRIBUTIONS 977820.65 Under penalty of perguy Lentify that the independent expenditures reported therein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of, any cardidate or authorized committee or agent of either, or any political party committee or its agent. In addition, or concert with, or at the request or suggestion of any cardidate or authorized committee or	W	ashington			DC 20033			
Is the filer a qualified nonprofit corporation? Yes No Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report							C C9001:	2956
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report X July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM 10 1 2012 THROUGH 6. TOTAL CONTRIBUTIONS			Is the filer a q	ualified nonprofit corpora	tion? Yes	⋉ No	0 000	
(a) April 15 Quarterly Report July 15 Quarterly Report 24-Hour Report October 15 Quarterly Report 24-Hour Report January 31 Year-End Report 48-Hour Report b) Is this Report an amendment? Yes No 5. COVERING PERIOD: FROM 04 01 2012 THROUGH 06 30 2012 6. TOTAL CONTRIBUTIONS 977820.65 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified conprotit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronically Filed] DATE	Ind	ividual filers only	Name of Emp	loyer		Occ	cupation	
Linder penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of leither, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronically Filed] Craig Varoga O7/03/2012		_						
Danuary 31 Year-End Report		✓ July 15	Quarterly Repor		24-Hour	Report		
b) Is this Report an amendment? Yes No S 5. COVERING PERIOD: FROM 04		Octobe	er 15 Quarterly Re	eport				
5. COVERING PERIOD: FROM 04 01 2012 THROUGH 6. TOTAL CONTRIBUTIONS		Januar	y 31 Year-End Re	eport	48-Hour F	Report		
7. TOTAL INDEPENDENT EXPENDITURES				04 01 THROUGH	2012 GH			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronically Filed] Craig Varoga 07/03/2012		6. TOTAL CONT	RIBUTIONS				1 · · · · · ·	0.00
suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronically Filed] Craig Varoga 07/03/2012		7. TOTAL INDER	PENDENT EXPE	NDITURES			A	977820.65
Craig Varoga Craig Varoga 07/03/2012	suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported							
Craig varoga 07/03/2012	TYPE OR PRINT NAME OF PERSON COMPLETING FORM		SIGNATURE		nically Filed]	DATE		
	Ctaid Aaroda						07/03/2012	

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

5PG021 FEC Schedule 5 (REV. 09/2005)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 4 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) Patriot Majority USA			
Full Name (Last, First, Middle Initial) of Payer Ralston Lapp Media	9		Date
Mailing Address			04 26 2012
1054 31St St NVV			Amount
Ste 430	State	Zip Code	
Washington	DC	20007-6042	12976.47 Transaction ID: VN7C12SYF5
Purpose of Expenditure Television Production of 'Wanted'		Category/ Type 004	Office Sought: House State: MT X Senate
Name of Federal Candidate Supported or Op Dennis Rehberg	posed by Expendi	ture:	President District: Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		408330.65	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payer	Э		Date
Ralston Lapp Media Mailing Address 1054 24ct St NW			05 18 2012
1054 31st St NW Ste 430			Amount
City	State	Zip Code	20000 04
Washington	DC	20007-6042	26093.24 Transaction ID : VN7C12SYH1
Purpose of Expenditure Television Production of 'Charter'		Category/ Type 004	Office Sought: House State: MT X Senate
Name of Federal Candidate Supported or Op Dennis Rehberg	posed by Expendi	iture:	President District: Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		408330.65	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payer	e		Date
Waterfront Strategies			04 / 12 / 2012
Mailing Address 1010 Wisconsin Ave NW			
Ste 800			Amount
City	State	Zip Code	201715.00
Washington	DC	20007-3674	Transaction ID : VN7C12SYD9
Purpose of Expenditure TV Advertising & Production of 'Served'		Category/ Type 004	Office Sought: House State: MO Senate District:
Name of Federal Candidate Supported or Op	posed by Expendi	ture:	President
Claire McCaskill			Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought		201715.00	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Exper	nditures		> 240784.71
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
(c) TOTAL Independent Expenditures(carry total from last page forward to			· •

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 4 FOR LINE 7 OF FORM 5

IAME OF FILER (In Full) Patriot Majority USA				
Full Name (Last, First, Middle Initial) of Payee				Date
Waterfront Strategies				04 26 2012
Mailing Address 1010 Wisconsin Ave NW				
Ste 800	Chaha	Zin Onda		Amount
City Washington	State DC	Zip Code 20007-3674		184215.41 Transaction ID : VN7C12SYE7
Purpose of Expenditure Television Advertising of 'Wanted'	C	ategory/ Type 0	04 Offi	ce Sought: House State: MT X Senate District:
Name of Federal Candidate Supported or Opponential Rehberg	osed by Expenditure	9 :	Che	President Support Oppose
Calendar Year-To-Date Per Election for Office Sought		408330.65		oursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
Waterfront Strategies				05 18 2012
Mailing Address 1010 Wisconsin Ave NW Ste 800				Amount
City	State	Zip Code		185045.53
Washington	DC	20007-3674		Transaction ID : VN7C12SYG3
Purpose of Expenditure Television Advertising of 'Charter'	С	ategory/ Type 0	Off	ice Sought: House State: MT Senate District:
Name of Federal Candidate Supported or Opp Dennis Rehberg	osed by Expenditure	e:	Che	President eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought		408330.65	Disl	oursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
Waterfront Strategies				05 / 29 / 2012
Mailing Address 1010 Wisconsin Ave NW Ste 800				Amount
City	State	Zip Code		186950.00
Washington	DC	20007-3674		Transaction ID : VN7C12SYJ9
Purpose of Expenditure Television Advertising & Production of 'Before'	С	ategory/ Type	Offi	ce Sought: House State: NV
Name of Federal Candidate Supported or Opp	osed by Expenditure	э:		President District:
Dean Heller			Che	eck One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		367775.00	Disl	Oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expendent	ditures		······	556210.94
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·····	
(c) TOTAL Independent Expenditures(carry total from last page forward to I	·····			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 4 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) Patriot Majority USA	
Full Name (Last, First, Middle Initial) of Payee	Date
Waterfront Strategies	M M / D D / Y Y Y Y
Mailing Address 1010 Wisconsin Ave NW	06 14 2012
Ste 800 City State Zip Code	Amount
Washington DC 20007-3674	180825.00 Transaction ID : VN7C12SYK6
Purpose of Expenditure Television Advertising & Production of 'Before' Category/ Type 004	Office Sought: House State: NV Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: Dean Heller	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	M = M / D = D / Y = Y = Y
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Oppose Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	M M / D D / Y T Y T Y T Y
Mailing Address	Amount
City State Zip Code	Amount
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	District:
	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	180825.00
(b) SUBTOTAL of Unitemized Independent Expenditures	